# 6039034959

FE3AN037

#### FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2006 APROHISE USA ON 19: 22

1.	NAME OF		
	COMMITTEE	(in	full

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FIONIRITH COINC	-R=-SS1 01	H- Dismit	- VCITI PEIT	UBILICA	1 PARTY
<u> </u>	<u> </u>			<u> </u>	1 1 1 1 1
ADDRESS (number and street)	11011 DE	M WORLL	CURCLE	APT	<b>1</b>
Check if different than previously reported. (ACC)	RALEIGH			) e D-16	15-8505
2. FEC IDENTIFICATION NU	ЈМВЕЙ ▼	CITY A	STA		ZIP CODE A
C00339b.	0.6	3. IS THIS PEPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Choose One)  July 15 Quarterly Report (Choose One)  October 15 Quarterly Report (Choose One)  January 31 Year-End Report (Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day PRE-Electic Report for t  (d) 30-Day POST-Elect Report for t	ion General	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)  (12P)  (130G)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)  Runoff (12R)  in the State of  Special (30S)  in the State of
5. Covering Period D.	7 63 2	thro	ugh 0.3 '	311 20	06
I certify that I have examined the	<b>Y</b>			correct and comple	te.
Type or Print Name of Treasure  Signature of Treasurer  NOTE: Submission of false, erron	Robert.	A 5	Date  Description of this is a second control of the control of th		o / 2-0 0 6 es of 2 U.S.C. §437g.
Office Use Only				FEC	FORM 3X Rev. 02/2003 )

Write or Type Committee Name

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

REPUBLICAN FOURTH CONGERESSIONA Report Covering the Period: From: **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 561 January 1, (b) Cash on Hand at 5.61,03 Beginning of Reporting Period ......... 0.36 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... Total Disbursements (from Line 31) ........ Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0,00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0\_0\_0 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

of Receipts

Write or Type Committee Name

Report Covering the Period: From:	0 0 0 G	31 3006
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	- Inches	
(i) Itemized (use Schedule A)		
,,,		
(ii) Unitemized		
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)		1
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)		
2. Transfers From Affiliated/Other		
Party Committees		
		Annual
3. All Loans Received		
d Land Dengumenta Basebood		
4. Loan Repayments Received		and the second s
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
6. Refunds of Contributions Made	•	
to Federal Candidates and Other	<del></del>	
Political Committees		
7. Other Federal Receipts		
(Dividends Interest etc.)	0.36	0_36
8. Transfers from Non-Federal and Levin Funds		-
(a) Non-Federal Account	<del></del>	
(from Schedule H3)		
· · · · · · · · · · · · · · · · · · ·		
(b) Levin Funds (from Schedule H5)		<u>ئى ئامىلىمىلىنى ئائى ئالىمىلىمىلىنى ئامىلىمىلىمىلىنى ئائى ئىلىمىلىمىلىنى ئاتىلىمىلىمىلىن ئاتىلىمىلىمىلىمىلىمى</u>
	<del></del>	
(c) Total Transfers (add 18(a) and 18(b)).		
		•
9. Total Receipts (add Lines 11(d),	<del></del>	
12, 13, 14, 15, 16, 17, and 18(c)) ▶		0.36
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	0.3.6	N 3 L
femalism mile refet treat mile returns	The state of the s	

#### **DETAILED SUMMARY PAGE**

of Disbursements Page 4 FEC Form 3X (Rev. 02/2003) COLUMN A COLUMN B II. Disbursements Total This Period Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share ..... (ii) Non-Federal Share ..... (b) Other Federal Operating Expenditures ..... (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .............. ▶ 22. Transfers to Affiliated/Other Party Committees ..... Contributions to Federal Candidates/Committees and Other Political Committees ..... 24. Independent Expenditures (use Schedule E) ..... 25. Coordinated Party Expenditures (2 U.S.C. §441a(6)) (use Schedule F) ..... 26. Loan Repayments Made ...... 27. Loans Made ...... 28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees ..... (b) Political Party Committees ..... (c) Other Political Committees (such as PACs) ..... Total Contribution Refunds 29. Other Disbursements ..... 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely With Federal Funds ..... (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ... Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))... Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ......

**DETAILED SUMMARY PAGE** 

of Disbursements

Page 5 FEC Form 3X (Rev. 02/2003) COLUMN A COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) 0,0,0 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0,0,0 (from Line 28(d))..... 35. Net Contributions (other than loans) 000 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .......... 37. Offsets to Operating Expenditures (from Line 15, page 3) ...... 38. Net Operating Expenditures (subtract Line 37 from Line 36) ......

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:			PAGE	1	(	OF 🐧		
(che	ck only	one	e)					
	11a		115		11c		12	
Ľ	13		14		15		16	17

· · · · · · · · · · · · · · · · · · ·	Detailed Summary rage	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	· ·	
NAME OF COMMITTEE (In Full)		
	ISTRICT PE	PUBLICAN PARTY
Full Name (Last, First, Middle Initial)	2 2 V	Date of Receipt
Mailing Address		The or treatible
3620 SIX FOR	YS TO AB	03 31 2000
City to Alice Cont	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	036	
INTER-EST.		
Full Name (Last, First, Middle Initial)  B.	-	Date of Receipt
Malling Address		أممهما، لعويها، لسمير
City	State Zip Code	Land Land
	· - · · · · · · - · · · · · · ·	Amount of Each Receipt this Period
FEC 1D number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address ,		Mand   Land   Land And Land
City	State Zip Code	
	- <u></u>	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	-
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	<del></del>	
viner (specify) *		
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	0.3.6
TOTAL This Period (last page this line number	only)	0.36

SCHEDULE B	(FEC Form 3X)
ITEMIZED DISE	BURSEMENTS

Detailed Summary Page	SCHEDULE B (FEC Form 3X)	Hen constate pohodula(a)	FOR LINE N		
Any information copied from such Reports and Statements may not be sold or used by any person for the purposes of subching contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  FUR Name (Last, First, Middle Initial)  Distores Sought:   Disbursement   Disbursement For:   Disbursement   Disburseme	TEMIZED DISBURSEMENTS	•			
Any increasion copied from such Reports and Statements may not be tack or used by any person for the purposes of soliciting contributions or for commentate purposes, other than using the name and address of any positioal committee to societ contributions from each committee.  NAME OF COMMITTEE (in Fill)  FOURTH CONDESSIONAL DISTRICT TEPURISM TANTY  FUR Insen (Last, First, Middle Initial)  Date of Disbursement  Resident Maling Address  City State Zip Code  Condidate Name  Office Sought: House Senate Primary General Primar		Detailed Summary Page	ı <b>—</b> ; ı		
Amount of Each Disbursement this Period  Cardidate Name  Office Sought:   Delater   Delaturement   Delater   Delaturement   Delater   De	Any information copied from such Reports and Statem	ents may not be sold or used	by any persor	n for the purpose of soliciting contributions	
Full Name (Last, First, Modile Initial)  ATHER NE HANGY  Maling Address  Cardidate Name  Category  Full Name (Last, First, Modile Initial)  Candidate Name  Category  Category  Category  Full Name (Last, First, Modile Initial)  Category	or for commercial purposes, other than using the name	e and address of any political	committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial)  Distor of Disbursement  State	NAME OF COMMITTEE (In Full)			_	
Full Name (Last, First, Middle Initial)  Distor of Disbursement  State	FOURTH CONGRESS	in war unise	2 Col	THERUBLICAN PARTY	
Molling Address  City  State  Corporation  Candidate Name  Condidate Name  Con	Full Name (Last, First, Middle Initial)			<u> </u>	
Mailing Address  City  State  City  State  Candidate Name  Candidate Name  Disbursement  Full Name (Last, First, Middle Initial)  Candidate Name  Office Sought  House Senate President  State:  Candidate Name  Category  State  Candidate Name  Category  Category  Category  Full Name  Candidate Name  Office Sought  House Senate President  Candidate Name  Candidate Name  Candidate Name  Office Sought  House Senate President  Candidate Name  Category  Categ	A. A.) A.—A.) Carria (A.) Carria (A.)	NO U		Date of Disbursement	
City  State  Zip Code  Purpose of Disbursement this Period  Candidate Name  Office Sought:  House  Senate  President  Senate  President  Senate  President  Senate  President  Senate  Senate  President  Senate  Senate  President  Senate  Senate  President  Senate  Senate  President  Senate  Senate		1			
Purpose of Disbursement   President   Pr	JOB WINDERPENE	DRIVE			
Purpose of Disbursement  Category/ Type  Office Sought: House Senate President Disbursement For: General President District  Full Name (Last First, Middle Initial)  Category/ State Zip Code  Purpose of Disbursement  Office Sought: House Sonate President  Category/ Type  Office Sought: House Disbursement For: General President  State: District  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: General President  State: District  Candidate Name  Office Sought: House Disbursement For: General President  Category/ Type  Office Sought: House Disbursement For: General President  Category/ Type  Office Sought: House Disbursement  Category/ Type  Office Sought: House Disbursement For: General Other (specify) V  State: District  State: District  State: District  State: District  Supposed to Disbursement This Page (optional)	City s	State Zip Code			
Amount of Each Disbursement this Period  Category/ Diffice Sought:		<u> 2751</u>	3		
Candidate Name  Office Sought: House Senate Primary General Disbursement For: General President State: District: Senate President State: District: Senate President State: District: Senate President State: District: Senate President Disbursement This Period Candidate Name  Office Sought: House Senate Primary General Disbursement This Period Category' Type  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Category' Type  Office Sought: House Senate Primary General Date of Disbursement This Period Category' Type  Office Sought: House Senate President Disbursement For: General President Disbursement This Period Category' Type  Office Sought: House Senate President Disbursement For: General President Disbursement This Period Category' Type  Office Sought: House Senate President Disbursement For: General President Disbursement This Period Category' Type  Office Sought: House Disbursement For: General President Disbursement This Period Category' Type  Office Sought: House Disbursement For: General Primary General Disbursement This Period Category' Type  Office Sought: House Senate President Disbursement This Period Category' Type  Office Sought: House Senate President Disbursement This Period Category' Type  Office Sought: House Senate President Disbursement This Period Category' Type  Office Sought: House Senate President Disbursement This Period Category' Type		رآ ا	0 <i>0</i> \	Amount of Each Disbursement this Period	
Office Sought: House   Disbursement For:   General   President   State:   District:   Senate   President   Disbursement   Disb					
State: District: Screen   Primary   General   Other (specify)   V   State: District: Screen   Primary   General   Other (specify)   V   State: District: Screen   Primary   General   Other (specify)   V   State: District: State: District: State: District: D			. – –	1.70	
President   Secretary   Secr	* · H   1				
State: District: SCAFTARY EXPENSE  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Cardidate Name  City: State: District: Scafe  Full Name (Last, First, Middle Initial)  State: District: Nice Charles (Last, First, Middle Initial)  Mailing Address  City: State: Disbursement For: Category/  Full Name (Last, First, Middle Initial)  Mailing Address  City: State: Disbursement  Candidate Name  Office Sought: House Disbursement For: Category/  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/  Type: Category/  Type: Category/  Office Sought: House Disbursement For: Category/  Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement For: Category/  President Disbursement This Period  State: District: Other (specify)   State: District: State: District: State: Disbursements This Page (optional)	<b>├──</b>				
Date of Disbursement    Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement   Date of Disbursement			2 <b>3</b> 2		
Malling Address  City  State  Zip Code  Purpose of Disbursement  Amount of Each Disbursement this Period  Candidate Name  City  State:  District:  Full Name (Last, First, Middle Initial)  Malling Address  City  State:  District:  Candidate Name  City  State:  City  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Condidate Name  Category/ Type  Condidate Name  City  Separate  Primary  Category/ Type  Condidate Name  City  Separate  Primary  Condidate Name  City  Separate  Primary  Condidate Name  City  Separate  Primary  Condidate Name  Category/ Type  Co	Full Name (Last, First, Middle Initial)				
Mailing Address  City  Purpose of Disbursement  Mailing Address  City  State  District:  Full Name (Last, First, Middle Initial)  Candidate Name  City  State  District:  Full Name (Last, First, Middle Initial)  City  State  District:  Candidate Name  City  State  District:  City  State  Disbursement  Category/  Type  Date of Disbursement  Category/  Type  Date of Disbursement  Category/  Type  Amount of Each Disbursement  Date of Disbursement  Category/  Type  Office Sought:  House  Senate  Primary  General  Other (specify) ▼  State:  District:  Suppose of Disbursement  Category/  Type  Office Sought:  District:  Suppose of Disbursement Inis Period  Category/  Type  Other (specify) ▼  State:  District:  Suppose of Disbursement Inis Period  Category/  Type  Other (specify) ▼  State:  District:  Suppose of Disbursement Inis Period  Category/  Type  Category/  Type  Amount of Each Disbursement Inis Period  Category/  Type  Category/  Type  Other (specify) ▼  State:  District:  Suppose of Disbursement Inis Period  Category/  Type  Amount of Each Disbursement Inis Period  Category/  Type  Amount of Each Disbursement Inis Period  Category/  Type  Category/  Type  Office Sought:  District:  Suppose of Disbursement Inis Period  Category/  Type  Amount of Each Disbursement Inis Period  Category/  Type  Amount of Each Disbursement Inis Period  Category/  Type	B	-F- 1		Date of Disbursement	
City  State  Zip Code  Purpose of Disbursement  Hat State  Candidate Name  Category/ Type  Office Sought:  President  State:  District:  Full Name (Last, First, Middle Initial)  City  State  City  State  Disbursement  Category/ Type  Office Sought:  President  City  State  Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement  Date of Disbursement  Category/ Type  Office Sought:  State  District:  City  State  Disbursement  Category/ Type  Office Sought:  Separate  Primary  General  Other (specify)  Category/ Type  Office Sought:  Separate  Primary  General  Other (specify)  State:  District:  Substorements This Page (optional)  Lagory  Type  Category/ Type  Other (specify)  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  State:  District:  Substorements This Page (optional)  Lagory  Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  State:  District:  Substorements This Page (optional)		. = ~		07 1006	
Purpose of Disbursement    Candidate Name	13-31 M. FEA B	<u> </u>	ano		
Furpose of Disbursement    Category/ Type			ا ـــــا <del>ك</del>		
Candidate Name    Category   Type	Purpose of Disbursement				
Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Vice CHARGAN Suppose of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General  Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General President Other (specify) V  State: District:  Suppose of Disbursement This Page (optional)	HALL OF FAME EXPE	2326	0,0,1		
Office Sought: House Senate Primary General Other (specify) State: District: Vice CHARAN Set PENSON  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) Viype  Office Sought: House Senate Primary General Other (specify) Viype  State: District: State Zip Code	Candidate Name	<b>_</b>		1224	
State: District: Vice CHARRAN Superior  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District: Primary General Other (specify)  State: District: State Zip Code  Amount of Each Disbursement Ihis Period  Category Type  Office Sought: Senate Primary General Other (specify)   State: District: State: District: This Page (optional)	Office Squaht: House Dishurper	nent For:	iype		
State: District: Vice CHAIRM State PESS  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  Subtrotal of Disbursements This Page (optional)	- <b> </b>				
Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Primary General President Other (specify) ▼  State: District:  Subtrotal of Disbursements This Page (optional)	President	Other (specify)	\ _		
Date of Disbursement  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Substock Optional)		CHAIRMAN EXPE	5N367		
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Senate Primary General Primary General President Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)	⊢uli Name (Last, ⊬irst, Middle Initial) C.		}	Date of Disbursement	
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Primary General President Other (specify) ▼  State: District:	<del></del>	<u> </u>			
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify)   State: District:  Substruct: Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period	Mailing Address				
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify)   State: District:  Substruct: Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period	City	State Zin Code	··· -		
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:  Substruct  Substruct  Substruct  Amount of Each Disbursement this Period	√ity 3	nate Zip Oode			
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement			• .	
Office Sought: House Disbursement For: Senate Primary General President Other (specify)   State: District:  Substotal of Disbursements This Page (optional)	Candidata Nama	·			
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  State: District:  Substruct: Disbursements This Page (optional)	⊙audinate Ma⊞é				
State: District: Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disbursen	nent For:		the same the same of the same	
State: District:  SUBTOTAL of Disbursements This Page (optional)	1 <del>-1</del> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
SUBTOTAL of Disbursements This Page (optional)		Other (specify) ▼			
1 LEGALU	State: District:	····-·	<u> </u>		
1 LEGALU	SUBTOTAL of Disbursements This Page (optional)				
TOTAL This Period (last page this line number only)					
	TOTAL This Period (last page this line number only)		<b>&gt;</b>	Trest of the second	

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
	Date of Receipt
Hand Delivered	
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confi	mation™ Label
LIONO Frances Mail	Postmarked
USPS Express Mail	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of F Other (Specify):	Receipt or Postmarked
Ci	4/15/06
PREPARER	DATE PREPARED
(3/2005)	